

PU - Pressure Ulcers

PU-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient/family will understand anatomy and physiology as it relates to pressure ulcers.

STANDARDS:

1. Explain the normal anatomy and physiology of the skin and subcutaneous tissues.
2. Discuss the changes to anatomy and physiology as a result of prolonged pressure to the skin.
3. Discuss the impact of these changes on the patient's health or well-being.

PU-C COMPLICATIONS

OUTCOME: The patient/family will have an understanding of the potential complications of pressure ulcers.

STANDARDS:

1. Discuss the common and important complications of pressure ulcers, e.g., wound infection, high fever, sepsis.
2. Discuss the importance of following a treatment plan to decrease/eliminate the complications of pressure ulcers.
3. Emphasize the importance of medical intervention for signs and symptoms of complications.

PU-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences that cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness. Refer to clergy services, traditional healers, or other culturally appropriate resources.
2. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are positive or detrimental interactions with prescribed treatment. Explain that the medical treatment plan must be followed as prescribed to be effective.

PU-DP DISEASE PROCESS

OUTCOME: The patient/family will understand what pressure ulcers are and the factors that are associated with increased risk of pressure ulcers.

STANDARDS:

1. Explain that a pressure ulcer is a lesion caused by unrelieved pressure resulting in damage of underlying tissue. These may be located over bony prominences or under a medical device/equipment.
2. Explain that a pressure ulcer may range from a red spot with intact skin to a large, deep open lesion.
3. Review the factors related to the development of pressure ulcers – decreased sensory perception, skin moisture, bedrest, immobility, poor nutrition, and skin friction/shear.
4. Explain that the first sign of a pressure ulcer is a reddened area that does not blanch that is over a bony prominence or under equipment.
5. Explain that if pressure on the skin is not relieved, the pressure ulcer will increase in size and depth, will not heal, and will pose a risk to infection.

PU-EQ EQUIPMENT

OUTCOME: The patient/family will understand and demonstrate, as appropriate, the proper use and care of equipment.

STANDARDS:

1. Discuss the following as appropriate regarding the prescribed equipment:
 - a. Indication for the equipment
 - b. Benefits of using the equipment
 - c. Types and features of the equipment
 - d. Proper function of the equipment
 - e. Signs of equipment malfunction and proper action in case of malfunction
 - f. Infection control principles, including proper disposal of associated medical supplies
2. Demonstrate and participate in the return demonstration of the safe and proper use, care, and cleaning of the equipment, as appropriate.
3. For inpatients, explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.
4. Emphasize the importance of not tampering with any medical device.

PU-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of adhering to the treatment plan and keeping appointments for follow-up.

STANDARDS:

1. Discuss the individual's/family's/caregiver's responsibility in the management of pressure ulcers.
2. Discuss the importance of follow-up care.
3. Explain the procedure for obtaining follow-up appointments.
4. Emphasize the importance of keeping follow-up appointments.
5. Explain signs and symptoms that would prompt immediate follow-up, e.g., high fever, increased redness, purulent discharge, increased swelling, pain.

PU-HM HOME MANAGEMENT

OUTCOME: The patient/family will understand what lifestyle adaptations are necessary to cope with the patient's specific disorder and how diet and activity will interact with anticoagulation therapy.

STANDARDS:

1. Assess the patient/family's level of acceptance of the disorder.
2. Emphasize the importance of avoiding dangerous or hazardous activities while receiving anticoagulation therapy.
3. Review the areas that may require adaptations, e.g., diet and physical activity.

PU-L LITERATURE

OUTCOME: The patient/family will receive literature about pressure ulcers.

STANDARDS:

1. Provide the patient/family with literature on pressure ulcers.
2. Discuss the content of the literature.

PU-M MEDICATIONS

OUTCOME: The patient/family will understand the purpose, proper use, and expected outcomes of prescribed drug therapy.

STANDARDS:

1. Describe the name, strength, purpose, dosing directions, and storage of the medication.
2. Discuss the risks, benefits, and common or important side effects of the medication and follow up as appropriate.
3. Discuss any significant drug/drug, drug/food, and alcohol interactions, as appropriate.
4. Discuss the importance of keeping a list of all current prescriptions and over-the-counter medicines, vitamins, herbs, traditional remedies, and supplements. Encourage the patient to bring this list and pill bottles to appointments for medication reconciliation.

PU-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient/family will understand the specific nutritional intervention(s) needed for the treatment or management of this condition, illness, or injury.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

PU-N NUTRITION

OUTCOME: The parents/family will have an understanding of the importance of proper nutrition in preventing and treating pressure ulcers.

STANDARDS:

1. Explain the importance of adequate nutrition and hydration in the repair of tissue.
2. Explain that, generally, protein intake should be increased to facilitate tissue health and carbohydrate intake should be increased to spare proteins.

3. Refer to a Registered Dietitian (RD).

PU-P PREVENTION

OUTCOME: The patient/family will understand the factors associated with an increased risk of pressure ulcers and how to lower the risk of pressure ulcers and prevent problems.

STANDARDS:

1. Explain that frequent position changes to relieve the pressure on the tissues over bony prominences are necessary to maintain circulation to tissues. Instruct family not to massage reddened skin over bony prominences. This does not increase circulation and can further damage tissue.
2. Explain that the heels are particularly prone to breakdown for patients who lay in bed and commercial heel protectors may reduce pressure.
3. As indicated, explain the role of special beds/mattresses that have pressure reducing surfaces in the prevention of pressure ulcers. For patients at high risk for pressure ulcers, explain that elevating the head of the bed over 30 degrees increases the chance of skin shear.
4. As appropriate, discuss the role of skin moisture in skin breakdown and the use of absorbent pads to wick moisture from the skin or commercial moisture barriers to keep moisture from the skin.

PU-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand the plan for pain management.

STANDARDS:

1. Explain that pain management is specific to the disease process of this particular diagnosis and patient, and may be multifaceted. **Refer to PM.**
2. Explain that narcotics and other medications may be helpful to control pain and the symptoms associated with pain or nausea and vomiting.
3. Explain non-pharmacologic measures that may be helpful with pain control.

PU-PRO PROCEDURES

OUTCOME: The patient/family will understand the possible procedure(s) that may be performed to treat the pressure ulcer. The patient/family will further understand the risks and benefits of the procedure, the alternatives to the proposed procedure, and the risks of refusal of the proposed procedure.

STANDARDS:

1. As applicable, list the possible procedures that might be utilized to treat the pressure ulcer.
2. Briefly explain each of the possible procedures.
3. Explain that the treatment decision will be made by the patient and medical team after reviewing the results of diagnostic tests, as applicable.
4. Discuss the risks and benefits of the proposed procedure. Discuss the risk of not attempting the procedure.

PU-SCR SCREENING

OUTCOME: The patient/family will understand the reason and process for screening for pressure ulcer risk.

STANDARDS:

1. Explain that the reason for the pressure ulcer risk screening is for the implementation of appropriate interventions to decrease the risk of pressure ulcers.
2. Explain that the purpose of screening for pressure ulcers is to identify the ulcers at the earliest stages and initiate early treatment to prevent progression.
3. Explain that factors associated with an increased risk of pressure ulcers are assessed at intervals prescribed by hospital policy if the patient is an inpatient.
4. Discuss the factors that are assessed as part of the screening process. These may include, but are not limited to impaired sensory perception, skin moisture, decreased activity, decreased mobility, impaired nutrition, and skin friction and shear.

PU-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, the potential risks, the expected benefits, and the risks of non-testing.

STANDARDS:

1. Explain test(s) that have been ordered (explain as appropriate):
 - a. method of testing
 - b. necessity, benefits, and risks of test(s) to be performed
 - c. any potential risk of refusal of recommended test(s)
 - d. any advance preparation and instructions required for the test(s)
 - e. how the results will be used for future medical decision-making

- f. how to obtain the results of the test
- 2. Explain test results:
 - a. meaning of the test results
 - b. follow-up tests may be ordered based on the results
 - c. how results will impact or effect the treatment plan
 - d. recommendations based on the test results

PU-TX TREATMENT

OUTCOME: The patient/family will understand the possible treatments that may be performed based on the test results. The patient/family will further understand the risks and benefits of the treatment alternatives to the proposed treatment and the risks of refusal of the proposed treatment.

STANDARDS:

1. List the possible treatments that might be utilized to treat/prevent pressure ulcers.
2. Briefly explain each of the possible treatments.
3. Explain that the treatment decision will be made by the patient and medical team after reviewing the results of diagnostic tests, as applicable.
4. Discuss the risks and benefits of the proposed treatment. Discuss the risk of non-treatment.

PU-WC WOUND CARE

OUTCOME: The patient/family will understand the necessity and procedure for proper wound care and infection control measures. As appropriate, they will demonstrate the necessary wound care techniques.

STANDARDS:

1. Explain the reasons to care appropriately for the wound, e.g., decreased infection rate, improved healing.
2. Explain the correct procedure for caring for this patient's wound.
3. Detail the supplies necessary for care of this wound (if any) and how/where they might be obtained.
4. As appropriate, emphasize the proper methods for disposal of used supplies.
5. Emphasize the importance of follow-up.
6. Discuss any special recommendations or instructions particular to the patient's wound.